

EXHIBIT 198

**MODEL LETTER ANNOUNCING COMPLIANCE WITH ALL
CONDITIONS OF PARTICIPATION AFTER THE EFFECTUATION
OF AN ACCEPTABLE PLAN OF CORRECTION**

(Date)

Administrator Name
Hospital Name
Address
City, State, ZIP Code

Dear **(Hospital Administrator)**:

RE: Provider Number **(Provider Number)**

Based upon a report by the **(State agency)** of their recent Medicare survey of **(name of hospital)**, we find that your institution is now in compliance with all the Medicare Conditions of Participation. **(Use if applicable-**This finding is also based upon the information received in support of your hospital's request for waiver of the **(cite deficiency)**, considered a deficiency under the National Fire Protection Association's Life Safety Code, (1981 edition) Section **(section number)**. We have determined that equivalent safety has been established.)

In view of your implementation of the plan of correction (use if applicable-and the equivalent fire safety achieved) the **(name of hospital)** can again be recognized as meeting Medicare requirements by virtue of its accreditation by the **(Joint Commission on Accreditation of Healthcare Organizations (JCAHO), American Osteopathic Association (AOA))**.

We have forwarded a copy of this letter and our findings from this survey to the **(JCAHO, AOA)**.

We appreciate your efforts and the steps taken to correct the Medicare deficiencies cited by the **(State agency)**. We thank you for your cooperation, and look forward to working with you on a continuing basis in the administration of the Medicare program.

Sincerely yours,

Associate Regional Administrator
(or its equivalent)

cc:

Central Office
JCAHO/AOA
State agency